

INTERNATIONAL EYE FOUNDATION

"SEEING 2000"

Increasing the Quality and Quantity of
Ocular Surgery in Children
to Ameliorate Childhood Blindness

Annual Report #3

November, 1998- October, 1999

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I. Background to Grant and Project Context

"Seeing 2000" is the International Eye Foundation's program to increase the quantity and quality of pediatric eye care to reduce avoidable and preventable childhood blindness. Childhood blindness is a serious health and economic problem in underdeveloped and developing nations. Many causes of childhood blindness are treatable with appropriate medical and surgical care. Additionally, proper refraction (eyeglasses) and low vision devices may allow children classified as blind to live active functional lives.

Information from the World Health Organization (WHO) Childhood blindness estimates:

- 1.5 million blind children worldwide: 1 million in Asia; 300,000 in Africa
- Prevalence is 0.5-1 per 1000 children aged 0-15 years.
- 500,000 children go blind each year (one per minute). Many of these blind children die in childhood.
- Childhood blindness causes 75 million blind years (number blind x length of life), second only to cataract.

The causes of childhood blindness vary from place to place and change over time.

Africa - Corneal ulcer/scar (measles, vitamin A deficiency, harmful traditional practices)

Asia - Vitamin A deficiency, Congenital cataract/rubella, Hereditary retinal diseases

South America - Retinopathy of Prematurity

Many of these children remain unexamined and untreated. The reasons why children are not receiving clinical examinations, needed surgery, and/or vision aids for treatable diseases include: the lack of proper and timely detection, lack of sufficiently trained pediatric ophthalmologists, and the lack of awareness among parents and primary health care providers about childhood blindness and the need for examination.

The International Eye Foundation, as a result of its participation in the 1990 global meeting on the Prevention of Childhood Blindness in London, initiated two programs directed at the prevention of blindness in children and the improvement of clinical and surgical services in the treatment of treatable blindness. These programs are SightReach and "Seeing 2000".

SightReach, begun in 1993, was funded in part through the United States Agency for International Development's (USAID) Matching Grant program. A component of this program, ChildSight, enhanced the technical and service abilities of Ministries of Health to provide sight restoring operations and general eye care services for visually impaired children and provided primary, secondary, and tertiary training in pediatric ophthalmology.

Building upon ChildSight, "Seeing 2000" began in 1996 as a grants program to support and strengthen national and international NGOs and charity hospitals in developing countries to expand and improve their clinical and surgical services to blind and visually impaired children in underserved areas. The program's goal is to develop national capacity in order to increase the quality and quantity of ocular surgery performed on children to ameliorate childhood blindness.

The implementation of "Seeing 2000" activities vary widely from project to project. However, the majority of projects have two similarities, an emphasis on patient outreach and an emphasis on the training of medical and paramedical staff. Both of these activities ensure the lasting impact of the program.

II. Project Methodology

Problem: Lack of specialist eye care for children in many developing countries.

Objective: Increase national capacity to provide clinical and surgical pediatric eye care services. Projects are supported through a small grant mechanism of up to \$25,000.

"Seeing 2000" supports all types of organizations including private eye care institutions, state supported hospitals, non-governmental organizations serving urban, peri-urban and rural populations through a competitive small grant mechanism. Small one to two-year grants (up to \$25,000) are provided to national and international NGOs and charity hospitals in developing countries worldwide to do the following:

Primary Objectives:

1. Increase by 20% or more the number of children receiving needed surgery for correctable ocular conditions in the areas being served.
2. Increase by 50% or more the number of children under age six years receiving eye examinations in the areas being served by a project. This may include conducting a survey of facilities housing blind and visually impaired children using the WHO protocol and methodology.
3. Identify at least one ophthalmologist or clinical officer within each project area and enhance their capacity to treat children clinically and surgically through additional training.

Secondary Objectives (if they contribute towards increasing ocular surgery in children):

4. Increase by 10% or more the number of visually impaired children enrolled in blind schools who can be visually rehabilitated (spectacles, low vision aids, etc.) and integrated into a regular environment/school.
5. Support existing efforts to increase awareness of ocular disease in children, its management and referral, in the medical communities of the regions being served through primary eye care workshops.
6. Support existing efforts to increase awareness of ocular disease in children among parents and the general public through education/promotion activities and local media.

Application Process:

In our effort to reach out to a wide range of deserving pediatric eye health care projects, the proposal guidelines to apply for a "Seeing 2000" grant (Appendix A) were mailed to the World Health Organization's Prevention of Blindness Partnership Committee (WHO/PBL), Member Agencies and Observers and other organizations that have requested funding information from the IEF (Appendix B). IEF requested that members of the Partnership Committee forward these guidelines to their appropriate regional and national eye care associates. Distributing the guidelines through WHO/PBL was determined by IEF as reaching deserving institutions that may not be known to IEF. Information regarding "Seeing 2000" was also distributed in an impartial manner to all requesting at the annual American Academy of Ophthalmology meeting.

Criteria for Selection:

Applicants must meet the following preliminary requirements for consideration:

- Applicants must be an established NGO or charity
- Proposals must address at least three of the objectives
- Proposals must include a description of how the meeting of stated Objectives will lead to an increased number of children examined and receiving ophthalmic care and surgery
- Applicants should provide letters of support from respected health and/or ophthalmology authorities in their country. Additional letters of support from recognized international and national NGOs will be considered.

Grant applicants are encouraged to use the majority of funding toward concrete project activities. Expenses that will have a life beyond grant funding are encouraged. For example, trained staff, medical equipment and surgical instruments will continue to benefit pediatric clinical and surgical services beyond the life of the grant. Funding may be requested for:

- essential equipment or essential surgical instruments;
- salaries, honoraria, consulting fees, travel and per diem, and training.

Review Process:

A successful proposal must:

1. emphasize how proposed activities will respond to the above Primary and Secondary Objectives by initiating, expanding or improving services to blind and visually impaired children in underserved areas.
2. present clearly and concisely the problems to be addressed, beneficiaries, and the results to be reached at project end.
3. demonstrate the institutional capacity to manage activities and funds, and meet reporting and evaluation requirements.
4. describe a project or activities that can realistically be completed within a minimum of 12 months to a maximum of 24 months upon receiving the award.
5. have a proposed budget of \$25,000 or less for the duration of the project.
6. be carried out in a country eligible for assistance by the United States Agency for International Development.

Preference is given to proposals:

- demonstrating existing infrastructure or linkage with WHO NGO Partnership Committee network or work in collaboration with a PVO/NGO.
- demonstrating cost-sharing and complementary funding from an institution, or other sources.

Review and recommendations of proposals for funding is the responsibility of an independent review board of pediatric ophthalmologists with international experience. The Evaluation Criteria scoresheet used by the independent Review Board for proposal evaluation is found in the proposal application guidelines in order for applicants to understand the aspects on which their proposal will be evaluated. During the review process, the Review Board separates the proposals into three categories: a) recommend for funding; b) recommend for funding *pending* additional information or clarifications; c) not recommended for funding at this time.

Evaluation Scoresheet

Organizational Capability and Proposed Personnel: (40 points)

- Track record and previous relevant experience in ophthalmology.
- Compatibility of project concept with organization's goal.
- Experience in managing funds and ability to comply with grant conditions, taking into account all existing and current commitments.
- Demonstrated ability to backstop and support field operations and staff.
- Curriculum vitae of proposed key person.
- Track record or existing linkage with WHO/PBL Partnership Network.

Project Concept and Management Plan: (40 points)

- Compatibility of project concept with "Seeing 2000" goals and objectives.
- Presents clearly and concisely the problems to be addressed, beneficiaries and the results to be reached at project end.
- Technical merits of project design, innovative approaches and reasonableness of objectives within proposed time frames.
- Quality and appropriateness of monitoring and evaluation plans.
- Seeks to close existing gaps so that services are expanded and improved to blind and visually impaired children in underserved areas.
- Initiates new and needed activities in underserved populations.
- Strengthens national institution or NGO.

Fiscal Management and Budget: (20 points)

- Completeness of budget.
- Accuracy of calculations.
- Appropriateness, reasonableness and allocability of costs in each category, and demonstrated ability to comply with USAID regulations and provisions.
- Potential for leveraging funding from other sources.

Project proposals were first solicited in early 1996: seventeen proposals were submitted and reviewed with nine projects beginning August 1, 1996. Three additional projects, after providing further detailed information, were approved and began February 1, 1997. The second round of proposals were solicited in early 1997: eighteen proposals were submitted and reviewed with 9 projects approved for funding. Four projects began June 1, 1997, two projects began September 1, 1997, 1 project began April 1, 1998. One project began September 1999.

III. Monitoring and Evaluation

Individual projects report to IEF quarterly using a format of standardized tables including narrative description of problems, achievements, unexpected benefits and plans for the following quarter. This format, with minimal emphasis on narrative, was chosen to facilitate reporting for non-English speakers. All reports are prepared in English.

Projects report quarterly and the reporting quarter is established by the "Seeing 2000" subgrant grant agreement start date. Projects are strongly encouraged to report all activities addressing "Seeing 2000" objectives, whether stated or not in their project proposal. All projects address two of the first three objectives.

The project technical and financial reports are reviewed by the "Seeing 2000" Program Coordinator at the IEF Headquarters. Financial reports from "Seeing 2000" projects are also routinely audited as part the IEF's annual external audit process. "Seeing 2000" project directors and the "Seeing 2000" Program communicate on the project activities on a regular basis that includes clarifications of project reports and disbursement requests. Some projects are not as timely as other projects in meeting the reporting requirements. When reports are not received on a timely basis, disbursement of grant funds is halted until reporting is brought up to date.

Many "Seeing 2000" project directors attend the annual meeting of the American Academy of Ophthalmology (AAO) and the "Seeing 2000" Program Coordinator and the "Seeing 2000" Project Directors use this opportunity to meet and discuss their projects. Networking between "Seeing 2000" Project Directors and is facilitated by inviting them to the IEF sponsored Society of Eye Surgeons Breakfast during the AAO.

IV. Review of Project Achievements

“SEEING 2000” Headquarters Highlights

Strategic Planning

October 29, 1998, the IEF staff undertook a Discussion Oriented Self-Assessment exercise. Conclusions reflected a high consensus on issues and a need to improve capacity, particularly in the areas of fund-raising, strategic management, and governance. The IEF held a strategic planning meeting on November 4-5, 1998 at the home of Ambassador Mendouga. IEF focused on the financial sustainability strategies being developed.

Development

IEF submitted a major matching grant proposal to USAID/Washington on December 4, 1998 (this was not funded). This program was to build on a revised and expanded "Seeing 2000" childhood blindness program.

Excerpts from the summary page follow:

Goal: "Assist eye care institutions/providers offering services for children to become financially sustainable for operating costs while meeting the basic needs of people at all economic strata, including the poor."

International and National Meetings

Ellen Parietti and Lori Carruthers "Seeing 2000" Program Coordinator introduced the Group Purchasing Organization at the Pan American Association Prevention of Blindness meeting from March 18-20, 1999 in the Dominican Republic. They conducted key informant interviews and focus groups to further assess the IEF's market potential and the needs of the customers.

"Seeing 2000" co-sponsored the WHO/IAPB workshop titled "Global Strategies for the Control of Childhood Blindness" held at the L.V. Prasad Eye Institute in Hyderabad, India, a "Seeing 2000" grant recipient, from 13-16 April 1999. The workshop highlighted global accomplishments by WHO and the NGOs since 1990 and outlined priorities and targets through the year 2020. (See Attachment A.)

IEF was represented at the VI General Assembly of the International Agency for the Prevention of Blindness held September 5-10, 1999 in Beijing, China by the Executive Director Ms. Sheffield, Medical Director Dr. Schwab, Director of Programs Mr. Barrows, and "Seeing 2000" Program Coordinator Ms. Carruthers from IEF headquarters. Dr. Luz Gordillo, a "Seeing 2000" project director who specializes in caring for newborns with Retinopathy of Prematurity presented with an excellent video. John Barrows co-presented on financial sustainability planning. (See Attachment C.)

The "Seeing 2000" Program received The United Nations Association of the National Capital Area's Blue Ribbon Award for program excellence in furthering the ideals of the United Nations on October 23, 1999 in Washington, DC. The program description read:

"Seeing 2000"

Reducing Childhood Blindness Into the Next Millennium

The WHO estimates that 500,000 children become blind each year, that's one child per minute. Most of this blindness is preventable or treatable, however, the majority of these children live in developing countries where specialized pediatric eye care often is often not available. The reasons for this are many, including lack of proper and timely detection, lack of qualified pediatric ophthalmologists, and the lack of awareness about childhood blindness among parents and health care providers. The International Eye Foundation's innovative "Seeing 2000" program provides grant funding to partner eye care institutions in developing countries to address locally identified problems and solutions to improve available clinical and surgical eye care for children. Funds are used to develop, implement and monitor accountable eye care service delivery for children at a continually increasing rate. Since its inception in 1995, 20 eye care institutions have received grants in 13 countries on 5 continents. More than 14,000 children have received eye operations and more than 200,000 children have benefited from eye examinations and treatment.

Dr. Luz Gordillo presented her paper and video given in both Hyderabad, India in April and in Beijing in September at the American Academy of Ophthalmology meeting held October 24- 28, 1999 in Orlando, Florida at the International Eye Foundation's annual Society of Eye Surgeons Breakfast.

Malawi Financial Sustainability Programming

The goal of this program initiative is to increase the *availability* of eye care through development of *management capacity* and implementation of *cost-recovery mechanisms* within public and private eye care institutions. This program is being initiated in Malawi in southern Africa, where the IEF has a long history of support for the country's eye care program. The IEF is working in collaboration with the Lions Aravind Institute of Community Ophthalmology (LAICO) in India, and Dr. Moses Chirambo of the Lions SightFirst Eye Hospital (LSFEH) in Malawi to begin a training process where teams from each institution will exchange management, administrative, and clinical skills critical to achieving the project's goals. For a LAICO Report on their visit to Malawi 15 September – 2 November, see Attachment B.

This "training transfer" involves three distinct steps:

- A two week 'needs assessment/team building' visit to Malawi by a team of personnel from LAICO in March of 1999 initiated the process of forging a strong team of personnel at the LSFEH, and building a strong relationship with the LAICO team. The Malawi team is a broad spectrum of personnel including administrative, ophthalmic, paramedical, and officials from the MOH.

- After this initial training visit, the Malawi team travel to India in April and may for an intense six week 'immersion' in all phases of 'high quality/high volume' cataract surgical productivity. This included systems requirements such as organization, administration, logistics, procurement, finance and accounting, and outreach activities. The California-based SEVA Foundation, another partner in the program, sponsored a team of personnel to Malawi to fill in while the Malawi team is in India.
- The third phase was a return visit to Malawi by the LAICO team in September to assist in implementation of the plans. They will work with the Malawi team establishing performance standards, coordinating outreach activities, and making any adjustments necessary.

Solicitation for new proposals

In August, Request for Application Guidelines (see Attachment D) were mailed to over 100 institutions seeking *new* proposal applicants. Past recipients of "Seeing 2000" funds were not eligible to apply. We received 10 Expressions of Interest from nine countries. Three organizations were notified that they are not eligible for USAID funding (Armenia, Colombia, Paraguay). Proposals will be reviewed December 1999.

Expressions of Interest Received

1. Collaboration for Democracy, ARMENIA
2. Clare Gilbert's optical iridectomy project, BANGLADESH
3. Fundacion Oftalmologica de Santander, COLUMBIA
4. ORBIS International, ETHIOPIA
5. Daughters of Charity Urban Development Project, ETHIOPIA
6. Gandhi Eye Hospital, District Aligarh, INDIA
7. Singapore National Eye Centre, INDONESIA
8. South East Nigeria Eyecare Outreach Services (SENEOS) NIGERIA
9. Program Vision, PARUAGUAY
10. SURGICAL EYE EXPEDITIONS (SEE) for Eastern Europe/Latin America

Project Activities

Projects at El Maghraby Eye Hospital in Cairo, Egypt and in Port Moresby, Papua New Guinea were active during the last reporting period but did not submit any technical reports during this period. The project at El Maghraby has had a change in Project Director. The project will not receive additional funds until reporting is brought up to date. The project in Port Moresby consists of clinical and technical support visits from ophthalmologists in Australia to Papua New Guinea and no visits were made during this period.

The project concerning Retinopathy of Prematurity at the All India Institute of Medical Sciences began activities in September 1999 and have not completed their first quarter of "Seeing 2000" activities.

As the International Eye Foundation was going through an internal reorganization and restructuring of priorities toward sustainability planning, new projects were not solicited during this process and ongoing projects had completed their cycle of activity.

L. V. Prasad Eye Institute (LVPEI), Hyderabad, India

Project Director: Gullapalli N. Rao, M.D., Director
Project Dates: March 1, 1998 - February 28, 1999 (2nd "Seeing 2000" grant)
Funded Amount: \$10,000
Purpose: Secure specialized anesthesia equipment for a new pediatric eye unit.
Achievements: The anesthesia equipment facilitated the safety and efficiency of surgical care of the very young. LVPEI functions as a tertiary referral and training center for the region. During the first year of activities, 1,178 children under the age of six years were screened and 2,183 children (0 to 15 years) received surgery.

| | Quarter 1 4/98-6/98 | Quarter 2 7/98 – 9/98 | Quarter 3 10/98-12/98 | Quarter 4 1/99 -3/99 |
|--------------------|------------------------|--------------------------|--------------------------|-------------------------|
| Cataract | 0 | 0 | 0 | 28 |
| Cataract w/IOL | 113 | 97 | 96 | 103 |
| Other Surgeries | 325 | 284 | 271 | 359 |
| EUA | 315 | 220 | 163 | 223 |

V. Appendix

- A. Report of WHO/ IAPB Scientific Meeting
- B. Report IAPB Meeting China
- C. Report LAICO Team Exchange Visits LSFEH and Aravind